

Fill in this information to identify your case:

Debtor 1	<u>Pianne Lynn</u>	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
United States Bankruptcy Court for the: <u>Western</u>	District of <u>NY</u>	
Case number (If known)	<u>2-16-20163</u>	

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	<i>Schedule A/B: Property (Official Form 106A/B)</i>	
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ <u>1000</u>
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ <u>6641</u>
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>7641</u>

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</i>	<i>D. Spotted</i>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ <u>204731</u>
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)</i>	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>4662</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ <u>12793</u>
		Your total liabilities <u>\$ 222186</u>

Part 3: Summarize Your Income and Expenses

4.	<i>Schedule I: Your Income (Official Form 106I)</i>	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>1422</u>
5.	<i>Schedule J: Your Expenses (Official Form 106J)</i>	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>1408</u>

Debtor:

Dianne Lynn Lunn

First Name Middle Name

Case number (if known) 2-16-20163

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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1422

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 4662

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0

9d. Student loans. (Copy line 6f.) \$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0

9g. **Total.** Add lines 9a through 9f. \$ 4662

Fill in this information to identify your case:

Debtor 1	Dianne Lynn Lunn		
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of New York			
Case number	2-16-20163 (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1 **Centralized Insolvency Operation**
Priority Creditor's Name

Last 4 digits of account number 4 3 6 5 \$ 2924 \$ 2924 \$

When was the debt incurred? 12/31/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2 **New York State Dept. of Taxation**

Priority Creditor's Name

Civil Enforcement-CO-ATC

Number Street
W A Harriman State Campus

Albany NY 12227
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6 5 \$ 1374 \$ 1374 \$

When was the debt incurred? 12/31/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

23 New York State Dept. of Taxation

Priority Creditor's Name

Civil Enforcement-CO-ATC

Number Street

W A Harriman State Campus

Albany NY 12227
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6 5

\$ 184 \$ 184 \$

When was the debt incurred? 12/31/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

New York Dept. of Taxation

Priority Creditor's Name

Civil Enforcement-CO-ATC

Number Street

W A Harriman State Campus

Albany NY 12227
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6 5

\$ 180 \$ 180 \$

When was the debt incurred? 12/31/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number _____ \$ _____ \$ _____ \$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Centralized Insolvency Operation		
Nonpriority Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101 City State ZIP Code			Last 4 digits of account number 4 3 6 5 When was the debt incurred? 12/31/2011 \$ 3511
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Taxes, older than 3 years</p>			
4.2	Centralized Insolvency Operation		
Nonpriority Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101 City State ZIP Code			Last 4 digits of account number 4 3 6 5 When was the debt incurred? 12/31/2012 \$ 2027
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Taxes, older than 3 years</p>			
4.3	Cianciola & Beach Periodontal Group		
Nonpriority Creditor's Name 2005 Lyell Avenue Number Street Rochester NY 14606 City State ZIP Code			Last 4 digits of account number 0 0 8 1 When was the debt incurred? 10/07/2012 \$ 254.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical</p>			

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.4

Comenity Bank Bankruptcy Department
Nonpriority Creditor's Name
PO Box 182125
Number Street
Columbus OH 43218
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 7 3 6

\$ 0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Current Credit Card

4.5

Ebay Headquarters
Nonpriority Creditor's Name
2065 Hamilton Avenue
Number Street
San Jose CA 95125
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 5 2 4

\$ 37.00

When was the debt incurred? 10/01/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Seller's Fee - disputed

4.6

Lakeside Memorial Hospital
Nonpriority Creditor's Name
156 West Avenue
Number Street
Brockport NY 14420
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 7 0 8

\$ 410.00

When was the debt incurred? 12/12/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Part 2: Your NONPRIORITY Unsecured Claims – Continuation PageAfter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim**4.7**

Lourdes Hospital
Nonpriority Creditor's Name
169 Riverside Drive
Number Street
Binghamton NY **13905**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 0 4 7\$ 76.00**When was the debt incurred?** 11/12/2013**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.8

New York State Dept. of Taxation
Nonpriority Creditor's Name
W A Harriman State Campus
Number Street
Albany NY **12227**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6 5\$ 165**When was the debt incurred?** 12/31/2009**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Taxes, older than 3 years

4.9

New York State Dept. of Taxation
Nonpriority Creditor's Name
W A Harriman State Campus
Number Street
Albany NY **12227**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 3 6 5\$ 742**When was the debt incurred?** 12/31/2010**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Taxes, older than 3 years

Debtor 1 **Dianne Lynn Lunn**
 First Name Middle Name Last Name

Case number (if known) **2-16-20163**

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.a

New York State Dept. of Taxation

Nonpriority Creditor's Name

W A Harriman State Campus

Number Street
Binghamton NY **13905**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **4 3 6 5**

\$ 837

When was the debt incurred? **12/31/2011**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Taxes, older than 3 years**

4.b

New York State Dept. of Taxation

Nonpriority Creditor's Name

W A Harriman State Campus

Number Street
Albany NY **12227**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **4 3 6 5**

\$ 745

When was the debt incurred? **12/31/2012**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Taxes, older than 3 years**

4.c

Rab Performance Recoveries, LLC.

Nonpriority Creditor's Name

10 Forest Avenue

Number Street
Paramus NJ **07652**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **4 1 7 1**

\$ 1164

When was the debt incurred? **10/01/2010**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **old credit card debt**

Part 2: Your NONPRIORITY Unsecured Claims – Continuation PageAfter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim**4.d** **Unity Health System** Last 4 digits of account number 8 0 0 4 \$ 912.00

Nonpriority Creditor's Name

PO Box 30510

Number Street

Rochester NY 14603

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? 01/19/2012**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.e **Unity Health System** Last 4 digits of account number 2 5 0 5 \$ 251.00

Nonpriority Creditor's Name

PO Box 30510

Number Street

Rochester NY 14603

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? 06/20/2012**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.f **Western New York Dental - Greece** Last 4 digits of account number 5 4 0 8 \$ 171.00

Nonpriority Creditor's Name

1524 Ridge Rd West

Number Street

Rochester NY 14616

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred? 09/13/2012**As of the date you file, the claim is:** Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

EOS CCA

Name

300 Canal View Blvd Suite 130

Number Street

Rochester**NY 14623**

City

State

ZIP Code

EOS CCA

Name

300 Canal View Blvd Suite 130

Number Street

Rochester**NY 14623**

City

State

ZIP Code

EOS CCA

Name

300 Canal View Blvd Suite 130

Number Street

Rochester**NY 14623**

City

State

ZIP Code

I.C. System, Inc.

Name

444 Highway 96 East

Number Street

PO Box 64886**St. Paul****MN 55164**

City

State

ZIP Code

Law Office of Burr & Reid

Name

Number Street

PO Box 2308**Binghamton****NY 13902**

City

State

ZIP Code

Security Credit Systems, Inc.

Name

Number Street

PO Box 846**Buffalo****NY 14240**

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4,1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4,1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4,1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4,5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4,7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 4,1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**On which entry in Part 1 or Part 2 did you list the original creditor?**Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claim		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 4,662.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 4,662.00

Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 12,793.00
	6j. Total. Add lines 6f through 6i.	6j. \$ 12,793.00

6j. Total. Add lines 6f through 6i.

6j. \$ 12,793.00

Fill in this information to identify your case:		
Debtor 1	Dianne Lynn Lunn	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Western District of New York		
Case number (If known)	2-16-20163	

Check if this is an amended filing

12/15

Official Form 106H

Schedule H: Your Codebtors

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No

Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____.

Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.3

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____